


AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME <b>Robert J. Mims</b>		2. PHONE NUMBER <b>(662) 234-3351</b>		3. DATE <b>5/25/2023</b>	
4. DELIVERY ADDRESS OR EMAIL <b>robert.mims@usdoj.gov</b>		5. CITY <b>Oxford</b>		6. STATE <b>MS</b>	7. ZIP CODE <b>38655</b>
8. CASE NUMBER <b>3:21cr107</b>	9. JUDGE <b>Sharion Aycock</b>		DATES OF PROCEEDINGS		
		10. FROM <b>2/22/2023</b>	11. TO <b>2/22/2023</b>		
12. CASE NAME <b>US v. Jamarr Smith, et al</b>		LOCATION OF PROCEEDINGS			
		13. CITY <b>Oxford</b>	14. STATE <b>MS</b>		
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness) <b>2/22/2023</b>	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				<b>Sylvester Cobbs</b>	
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES <b>1</b>	<b>31.00</b>	<b>37.20</b>
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	<b>37.20</b>
18. SIGNATURE 				PROCESSED BY	
19. DATE <b>5-25-23</b>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	<b>37.20</b>
TRANSCRIPT RECEIVED				LESS DEPOSIT	<b>37.20</b>
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	<b>37.20</b>

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